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# Testimony to Medicaid Revitalization Committee Lisa Specter-Dunaway CHIP of Virginia

Members of the Medicaid Revitalization Committee: Good morning. My name is Lisa Specter-Dunaway, President of CHIP of Virginia. Thank you for the opportunity to comment on your draft report.

In reviewing the report, I would like to provide the following recommendations to improve health outcomes for Virginia's children.

## 1. Expand Disease Management Requirements for Medicaid MCOs

CHIP programs have partnered with Medicaid MCOs to address premature births and asthma. In both cases we have been able to show favorable outcomes for the families as well as significant cost savings.

With our Partners in Pregnancy initiative, Sentara claims records indicated a dramatic reduction in NICU Paid Amounts per Admission and NICU Average Length of Stay (ALOS). Based on a cost avoidance model, NICU costs were reduced by \$2.3 million while more than 1,600 NICU days were avoided.

The program is currently in the final stages of a Center for Health Care Strategies Best Clinical and Administrative Practices comprehensive evaluation. Preliminary data appear to support that the investment in additional services (such as CHIP provides) for high risk moms results in reductions in the health care costs for the child in the first year of life.

This has also been the case with a Virginia Premier Asthma project where after disease management education through CHIP nurses and community health workers, ER visits dropped dramatically.

These strategies work.

### 2. Expand Coverage for Pregnant Women

Since the FAMIS MOMS program was created by the General Assembly, income eligibility has increased from 150% to 166% FPL. We applaud the General Assembly for creating this program and for the increase in eligibility this past session. The program works in supporting low-income women's access to prenatal care, but the income eligibility level should increase to 200% of the FPL. This would align the coverage with that for infants and should further improve pregnancy outcomes and infant health resulting in fewer long-term health care costs for the babies.

CHIP programs have seen a significant increase in pregnant women who are not citizens. The majority of these women are not eligible for FAMIS MOMS or Medicaid until delivery when most of their babies will be covered. Regardless of their citizenship status, it makes fiscal sense to provide prenatal coverage that can improve the health of our youngest citizens. Prenatal care is a significantly less expensive service than the NICU, early intervention services, or other preventable treatments and could result in significant long term financial costs for the Commonwealth.

#### 3. Automatically enroll babies born to FAMIS Moms.

When a FAMIS Mom delivers her baby, the infant is not automatically enrolled into the FAMIS, FAMIS Plus or Medicaid program. A signed application must be received within the month in which the baby is born to ensure that birth-related expenses will be covered if the baby is found eligible. The job of a new mother is one of the most difficult. The Commonwealth should use the existing technology to automatically enroll these children, especially given the challenges presented by the DRA.

#### 4. Increase the use of EPSDT

EPSDT is a critical, but underused service in Virginia. DMAS has done an exceptional job increasing access to dental care through Smiles for Children. Although the rate increase for services was a critical part of their success, it is a good example of what can be done. I urge you to examine what can be done to further educate pediatricians, family practitioners, outreach workers and other health professionals about the value of EPSDT.

Again, thank you for the time you've invested in this process. Improving access to preventive health care services will not only save the Commonwealth money in the long term, it is the right thing to do.

Submitted by: Lisa Specter President and CEO CHIP of Virginia 701 E. Franklin St. Suite 502 Richmond, VA 23219